STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

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Office of Preparedness & Response
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May 31, 2007
Public Health & Emergency Preparedness Bulletin: # 2007:21
Reporting for the week ending 05/26/07 (MMWR Week #21)

Current Threat Levels:
National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

REVIEW OF DISEASE SURVEILLANCE FINDINGS
COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic***	**Meningococcal***	*(non-suspect cases)
New cases:	* Data not yet released from Division of Communicable Disease Surveillance		
Prior week:	* Data not yet released from Division of Communicable Disease Surveillance		
Week#21, 2006:	2	1	

4 outbreaks were reported to DHMH during MMWR Week 21 (May 20-May 26, 2007):

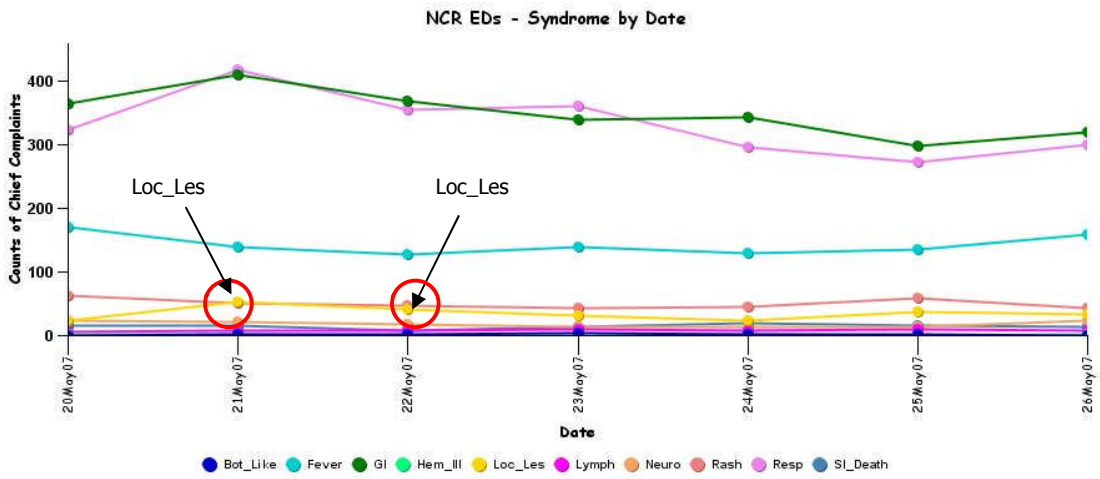
1 Gastroenteritis outbreak
1 outbreak of GASTROENTERITIS associated with a Nursing Home

1 Respiratory illness outbreak
1 outbreak of PNEUMONIA associated with a Nursing Home

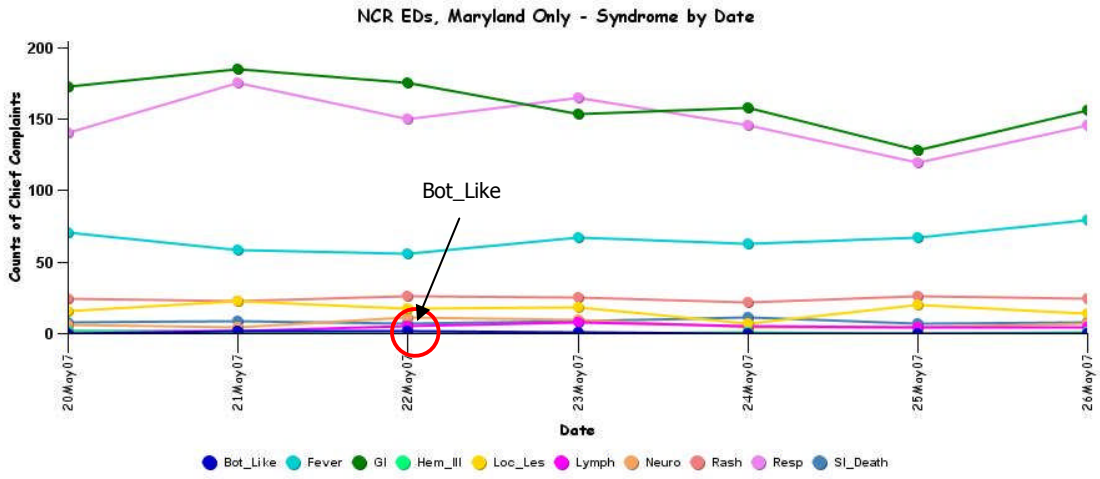
2 Rash illness outbreaks
1 outbreak of FIFTH DISEASE associated with a Daycare
1 outbreak of SCABIES associated with a Nursing Home

SYNDROMIC SURVEILLANCE REPORTS:

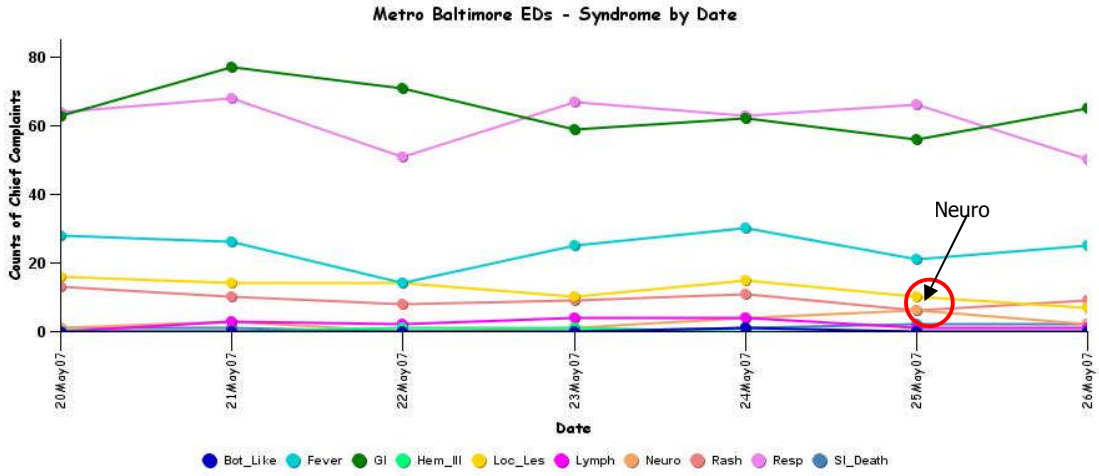
ESSENCE (Electronic Surveillance System for the Early Notification of Community-base Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness. * Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

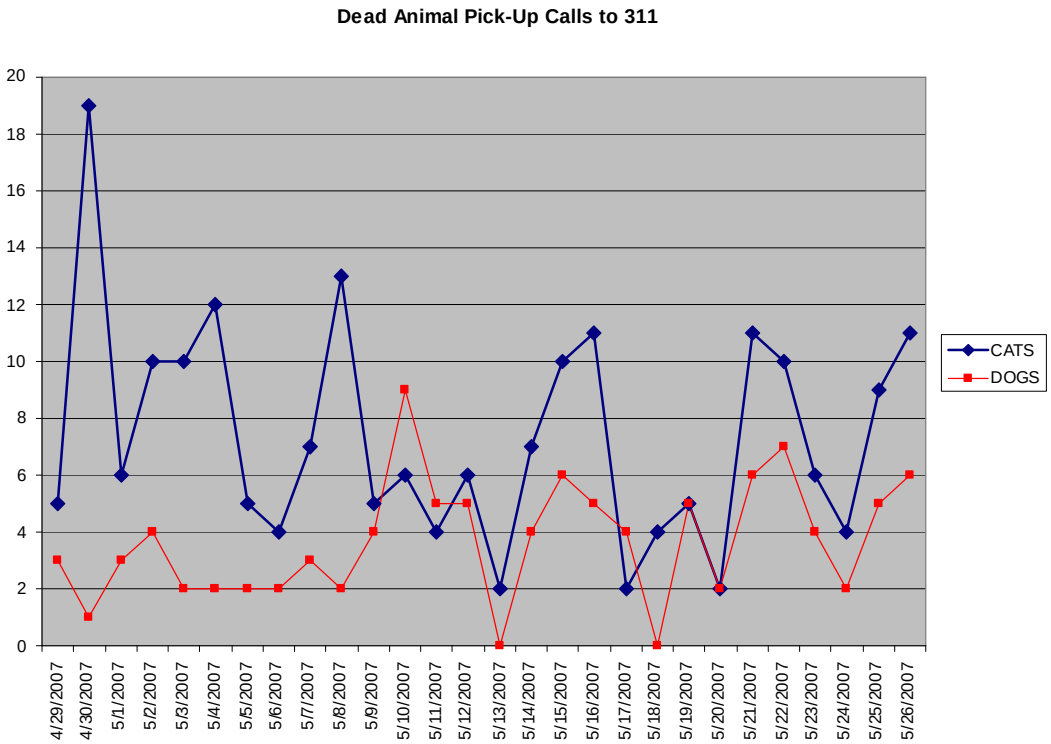


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



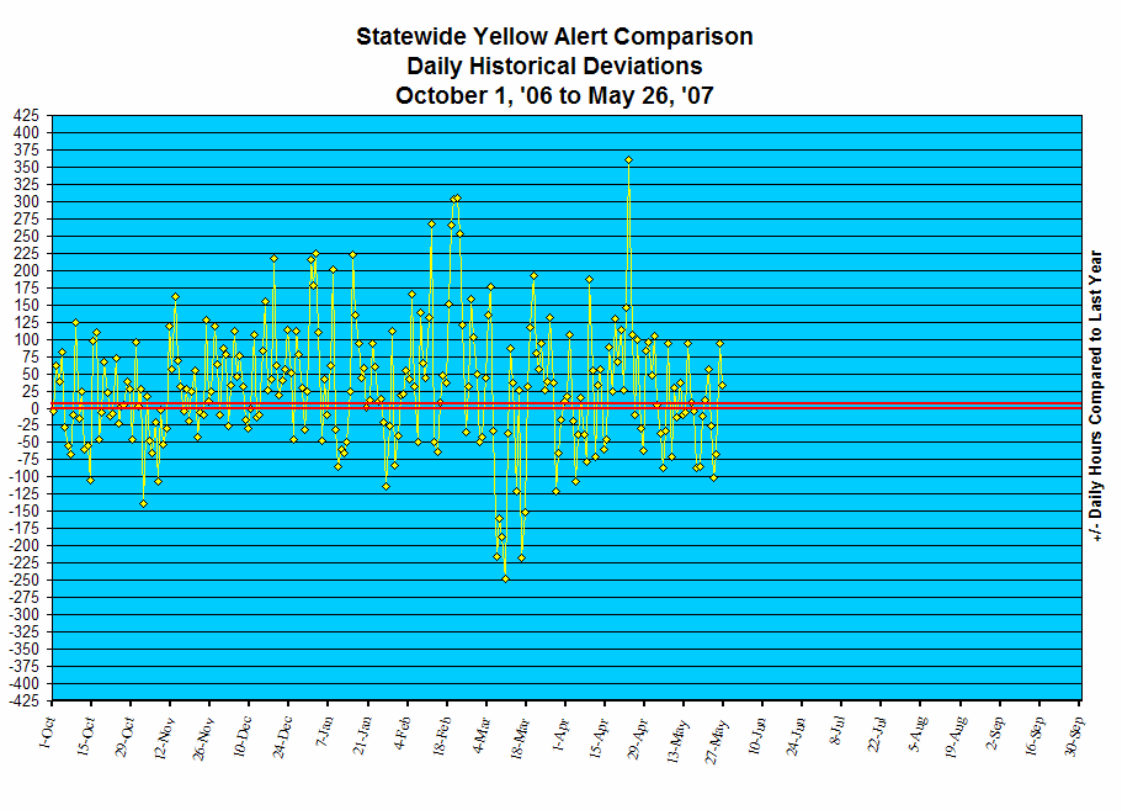
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

Baltimore City Syndromic Surveillance Project: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF MORTALITY REPORTS:
OCME: OCME reports no suspicious deaths related to BT for the week

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION
YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.



NATIONAL DISEASE REPORTS:

BRUCELLOSIS, BOVINE (Montana): 22 May 2007, Seven Montana cows have tested positive for brucellosis, and if at least 2 cows from a separate herd near Emigrant test positive next week, Montana will lose its brucellosis-free status. That means Montana ranchers would have to pay to test all adult cattle being shipped out of state until Montana can regain its brucellosis-free status. The U.S. Department of Agriculture's (DOA) Animal and Plant Health Inspection Service (APHIS) is in charge of controlling the disease. APHIS rules say that a state loses its brucellosis-free status when at least 2 cows from 2 herds test positive within 12 months. On May 1, 51 Angus cows bound for Iowa were tested for brucellosis in Baker. Because Montana is a brucellosis-free state, the cows wouldn't normally be tested, but because the cows were going to be surrogate mothers, the tests were conducted. On May 4, the Montana State Lab in Bozeman found that one cow had tested positive for brucellosis. That cow was euthanized and tissue cultures were re-tested at the National Veterinary Services lab in Ames, Iowa, which conducts the testing for APHIS. The infected cow was traced back to a herd of 301 cows in Bridger, and that herd was quarantined after 6 more cows tested positive for brucellosis. A 2nd herd in the Paradise Valley is being tested now. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

PLAGUE, NON-HUMAN PRIMATE (Colorado): 22 May 2007, Tissue samples from a deceased monkey at the Denver Zoo tested positive for bubonic plague, zoo officials announced May 21. The zoo learned late May 18 from the Colorado Department of Public Health and Environment (CDPHE) that the hooded capuchin monkey had the plague. The monkey seemed lethargic last Tuesday May 15 and was found dead Wednesday morning by a zookeeper, zoo officials said. It's unclear if the monkey contracted the disease from infected fleas, or if the monkey ingested the remains of an infected squirrel. None of the other monkeys in the troop have displayed signs of illness, but antibiotics have been administered as a precaution. "Denver Zoo remains in regular contact with CDPHE," Senior Veterinarian Dave Kenny said. "And although the risk of contracting plague to people and animals in the area is extremely low, we are continuing to emphasize communication with visitors to prevent exposure to squirrels and rabbits." (Plague is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

HANTAVIRUS (Colorado): 23 May 2007, The second hantavirus case this year in Colorado has been confirmed in a 30-year-old Weld County man who is now recovering. A Colorado Department of Public Health and Environment laboratory confirmed the disease by serologic testing on May 18. Hantavirus pulmonary syndrome is a respiratory disease transmitted by rural deer mice that can infect humans. Health department officials believe the man was exposed in northeastern Colorado in April. An environmental assessment is still underway to definitively determine the origin of the virus. While the deer mice that transmit the disease are extremely common in Colorado, human cases are rare, said John Pape, an epidemiologist with Colorado Department of Public Health and Environment. Statewide, only 6 people suffered from the illness last year. The human cases tend to peak in May and June because mouse populations increase during these months, Pape said. The Health Department is urging caution among Weld County residents. The disease is transmitted to people when they inhale contaminated urine or feces or come into contact with infected mice. Early symptoms include fever, headache and muscle pain, severe abdominal, joint and lower back pain, nausea and vomiting. A cough and shortness of breath usually develop 1 to 5 days after the onset of symptoms. The illness progresses quickly to difficulty breathing due to fluid build-up in the lungs and respiratory failure. There is no treatment for the virus itself, but doctors can treat the symptoms of hantavirus. Early hospital admission for suspected cases is important for patient safety. For more information, contact the CO-HELP hotline at 1-877-462-2911. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

TULAREMIA, FELINE (Colorado): 24 May 2007, Spring rains in the Front Range, after years of drought, are leading to thriving populations of mice and other rodents carrying the rare, sometimes deadly diseases of plague, tularemia, and hantavirus. "It certainly has been a good year, so far, for the rodent diseases," said state epidemiologist John Pape. This spring, at least 2 cats in southwestern Colorado have tested positive for tularemia. When the tularemia bacteria affect humans, it is known as "rabbit fever." About 200 people come down with the fever each year. In people, tularemia bacteria can trigger a wide variety of symptoms, from skin ulcers to diarrhea, to fever, depending on whether it is inhaled, ingested, or caught from an infected tick or deerfly. "In wet years, we have lots of vegetation and explosive population booms in rodents," Pape said. "The more dense they are, the better they transmit disease." (Tularemia is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

NOROVIRUS, SHELLFISHING SITES CLOSED (Rhode Island): 25 May 2007, As of May 19, the Rhode Island State Department of Environmental Management (DEM) has closed 9 ponds and marshes to shellfishing. The decision was announced after 8 bodies of water were found to have the same characteristics as a pond where a shellfish sample tested positive for norovirus and other evidence of fecal contamination. The areas, which are adjacent to shellfish growing sites that have been approved for shellfish harvesting, are not routinely evaluated, said Angelo Liberti, chief of surface water protection for the DEM. The DEM will be developing a plan to reopen the areas, but does not yet have a timetable for doing so. Detection of noroviruses in fresh and salt water can be a sensitive indicator of fecal contamination. There is enhanced risk of transmission of gastrointestinal illness because of the ability of filter feeding organisms (shellfish) to concentrate particular material from their environment and by the preference of some diners to consume shellfish in an uncooked or partially cooked state. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

TETRODOTOXIN, MONKFISH (USA): 25 May 2007, A frozen product labeled monkfish distributed in 3 states is being recalled after 2 Chicago area people became ill after eating it, the importer announced May 24. Hong Chang Corporation of Santa Fe Springs, CA said it is recalling the product labeled as monkfish because it may contain tetrodotoxin, a potent toxin. While the frozen fish imported from China was labeled monkfish, the company said it is concerned that it may be pufferfish, because this toxin is usually associated with certain types of pufferfish. Eating foods containing tetrodotoxin can result in life-threatening illness or death and the toxin cannot be destroyed by cooking or freezing. In humans, paresthesias begin 10-45 minutes after ingestion, usually as tingling of the tongue and inner surface of the mouth. Other common symptoms include vomiting, lightheadedness, dizziness, feelings of doom, and weakness. Paralysis spreads, and death can occur within 6 - 24 hours. The company said 2 people in the Chicago area became ill after eating soup containing the fish. Analysis by the Food and Drug Administration confirmed the presence of the toxin. Some 282 22-pound boxes of the fish were distributed to wholesalers in Illinois, California and Hawaii, according to the company, beginning in September 2006. The fish was sold in retail stores, restaurants and cash and carry stores in these regions. The fish are individually packaged in clear plastic sleeves and placed in a plastic liner which is inside a cardboard box. There are no lot numbers on the box. Labels on one panel read "MONK FISH GUTTED AND HEAD-OFF PRODUCT OF CHINA". A 2nd box panel bears nutritional facts and the following, "Ingredients: Monk fish; Imported by: Hong Chang Corp., Santa Fe Springs, CA 90670; Product of China (P.R.C.)." Consumers who have purchased this monkfish can return it to the place of purchase for a full refund. Care should be exercised in handling the fish as the tetrodotoxin may be present on the skin and flesh of the fish. Wash hands thoroughly after handling. Consumers with questions may contact the company at 1-562-309-0068. People who may have consumed these products and have concerns are encouraged to contact their health care provider. Illnesses associated with consumption of these products should be reported to the nearest FDA district offices and to the local health authority. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

INTERNATIONAL DISEASE REPORTS:

SALMONELLOSIS, FATAL, HOSPITAL (Germany): 21 May 2007, An outbreak of salmonella in Germany has infected more than 250 people and killed 2, authorities said on May 20. The Klinikum Fulda, a 924-bed hospital in the town of

Fulda, Hesse, in central Germany, said 233 patients and staff had been infected by the outbreak, along with a further 23 people in a nursing home attached to the institution. Achim Hellinger, the hospital's medical director, said the precise cause of the outbreak had not yet been identified, but that the risk of it reaching the general public was negligible. "The risk of the salmonella infection being spread from person to person is extremely small," he said, adding that measures to contain the bacteria had been put in place. Most of those infected were not seriously affected by the bacteria, which usually stems from infected food, he added. The hospital said 2 women over the age of 80 had died as a direct result of infection, one of them in the nursing home. The death of another woman in her 70s was indirectly linked to the salmonella. Of those infected at the hospital, 145 were patients and 88 were employees, the Klinikum Fulda said in a statement. An outbreak was 1st logged at the hospital in late April; since then, the number of reported infections has risen steadily. Salmonella bacteria are frequently responsible for foodborne illnesses and may cause vomiting, abdominal pain, and bouts of fever. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

ANTHRAX, HUMAN, BOVINE (India): 22 May 2007, A person suspected to be suffering from anthrax was admitted to the Palakkad District Hospital 3 days ago with fever and "malignant pustule" on his hand. It was reported the patient had helped bury cattle which died of anthrax a few days ago making him contract the disease, hospital sources said. As the hospital authorities could not confirm whether the patient was infected with anthrax, they referred the case to the Thrissur Medical College Hospital for further investigations. Medical college hospital sources said the blood samples had been sent for detailed tests and the results could be available on May 23. Only then could it be confirmed if the case was anthrax or not. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

ANTHRAX, HUMAN (Russia): 22 May 2007, Local police and agriculture inspectors in southern Russia are searching for itinerant gypsies who may have contracted anthrax when they bought contaminated meat from a local farm, authorities said on May 22. Investigators, who followed medical workers cleaning the farm of Apatovo in Stavropol Territory of an anthrax case that killed a local resident May 12, learned that the man who had killed an infected ox 6 days earlier sold part of its meat to gypsies. "Any anthrax case is an emergency," Alexei Alexeienko of Rosselkhoznadzor, the inspectorate overseeing compliance with standards and official requirements in the agricultural sector, said. Outbreaks of anthrax, a potentially fatal disease affecting animals and humans periodically occur on the rural steppes, part of which includes the Stavropol Territory neighboring Chechnya. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

DIETHYLENE GLYCOL CONTAMINATION, TOOTHPASTE (Multi Country): 22 May 2007, As more contaminated toothpaste, including some made for children, has turned up in Latin America, Chinese authorities are investigating whether 2 companies from the coastal region of Danyang exported the tainted toothpaste. A team of government investigators arrived in Danyang on May 20, and closed the factory of the Danyang City Success Household Chemical Company, a small building housing about 30 workers in a nearby village, according to villagers and one factory worker. The government also questioned the manager of another toothpaste maker, Goldcredit International Trading, which is in Wuxi, about an hour's drive southeast of Danyang. No tainted toothpaste has been found in the United States, but a spokesman for the Food and Drug Administration (FDA) said on May 21, that the agency would be taking "a hard look" at whether to issue an import alert. Authorities in the Dominican Republic said they seized 36 000 tubes of toothpaste suspected of containing diethylene glycol, an industrial solvent and prime ingredient in some antifreeze. Included were tubes of toothpaste with bubble gum and strawberry flavors marketed for children and sold under the name of "Mr. Cool Junior." Toothpaste containing the toxic solvent was also found in Panama and Australia in the last week. Bautista Rojas Gomez, the secretary of health of the Dominican Republic, said the toothpaste, with diethylene glycol listed as an ingredient, was found in stores and warehouses across the country, including near the Haitian border. Diethylene glycol is the same poison that the Panamanian government unwittingly mixed into cold medicine last year, killing at least 100 people. In that case, the poison falsely labeled as glycerin, a harmless syrup, originated in China, shipping records show. Diethylene glycol is generally less expensive than its chemical cousin glycerin. Panamanian authorities said they believed the tainted toothpaste found in their country, containing up to 4.6 percent diethylene glycol, came from China. Executives from both companies under investigation in China denied in interviews on May 21, that they had exported any toothpaste containing diethylene glycol to Panama. But these companies and other toothpaste makers in this region said that diethylene glycol had been used in toothpaste in China for years and that producers believed it was not very harmful. There have been no reports of deaths tied to toothpaste containing the chemical. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

CHIKUNGUNYA (India): 24 May 2007, The public health system in Kerala has been put on high alert as chikungunya viral fever cases have been reported from Pathanamthitta, Kottayam and Alappuzha districts in the state. According to health department sources, a Central team is expected to visit Kerala soon to assess the situation and assist the state in containing the spread of the disease. About 100 chikungunya cases were reported from Pathanamthitta district, and most viral fever cases have been reported from the eastern parts of Kottayam district. District medical authorities said blood samples taken from the patients had been sent to the Virology Institute at Alappuzha to ascertain the kind of virus causing the fever. What worries health authorities is that the outbreak of fever has come about on the eve of the onset of the monsoon. The rainy season always posed health challenges to authorities in the state. Since poor people depend mainly on government hospitals for treatment, lack of sufficient beds and supply of medicines also pose problems. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

AVIAN INFLUENZA-RELATED REPORTS

WHO update: The WHO-confirmed global total of human cases of H5N1 avian influenza virus infection as of 24 May 2007 stands at 307, of which 186 have been fatal.

AVIAN INFLUENZA, HUMAN (Indonesia): 23 May 2007, A 5-year-old Indonesian girl from Central Java province has died of bird flu, a Health Ministry official said on May 23. The girl from Wonogiri, who had fallen ill on May 8, died on May 17 after being treated in hospital in the town of Solo for fever and respiratory problems, said Suharda Unigram of the ministry's bird flu centre. The authorities are still investigating the case, but at least 20 chickens had died suddenly near her home, the official said. Contact with sick fowl is the most common cause of human infection. The girl's death brings the number of confirmed human fatalities in Indonesia to 77, the highest in the world. Millions of backyard fowl live in close proximity to humans, and keeping backyard chickens is ingrained in Indonesian culture. The authorities in some areas have made efforts to alter this behavior, but health education campaigns have often been patchy and rules difficult to enforce.

AVIAN INFLUENZA, HUMAN (Viet Nam): 23 May 2007, Viet Nam confirmed on its 1st human bird flu case in more than a year, as the virus continues to spread through the country's poultry stocks. A 30-year-old man from northern Vinh Phuc province remains in a critical condition after testing positive for the H5N1 virus on May 20, said Tran Quy, director of Bach Mai hospital in Hanoi. According to Bach Mai Hospital, the man attended his friend's wedding party around one month ago and he helped slaughter chickens for the party. He began coughing and experiencing respiratory problems 2 days later. The man's niece had to be hospitalized several days ago and she was also suspected of having caught the H5N1 virus. The girl didn't have contact with fowl, didn't eat fowl meat, but she took care of her uncle. The Tropical Diseases Clinical Hospital has conducted some tests on the child and the tests show that the girl is negative for H5N1. However, the child is still being kept in the hospital for further observation.

AVIAN INFLUENZA H7N2, HUMAN (United Kingdom): 26 May 2007**,** The Health Protection Agency has said 4 people have tested positive for a mild strain of bird flu, which was 1st detected at a north Wales smallholding. A 1 km restriction zone remains in place around the farm in Conwy after the "low pathogenic" H7N2 strain of bird flu was found in chickens, which died there. Tests were carried out on 9 people associated with the incident. Of the 9, 3 were taken to hospital but have now been discharged. Health officials have stressed the disease found was the H7N2 strain of bird flu, not the more virulent H5N1. Of the 4 people who tested positive, 2 were from Wales and the other 2 were from northwest England. Chief Medical Officer for Wales, Dr Tony Jewell, said: "I would like to reassure the general public that the risk to their health from this outbreak is very low. This particular strain is not highly pathogenic and is normally only contracted following close contact with infected birds. In addition the symptoms are generally mild." All people known to have been in contact with the infected birds, or to have visited the farm, have been given anti-viral drugs. The Department for Environment, Food and Rural Affairs (Defra) wants to hear from anyone who purchased from or supplied to Chelford Market, Cheshire on May 7, or any poultry keeper who visited the market on that day whose birds have subsequently become ill. They are asked to contact their local animal health office or the Defra helpline 08459 335577.

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information is a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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